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Nurse-Family Partnership® (NFP) International

**Guidance Document - International Collaboration on Nurse-Family Partnership Program
Innovations | 2015.03.09**

Introduction

This paper is the product of the NFP international community's efforts (Annex A) to find a way of collaborating on program innovations. It sets out the background, aims of collaboration and provides three pathways, or flowcharts, designed to make the process clearer. Thank you to everyone for their input.

Background

- 1) Nurse-Family Partnership (NFP)¹ is a work in progress and will always be subject to improvement through adaptation and innovation² (previously known as augmentation). This is part of our ongoing efforts to improve outcomes for children and families.
- 2) The program needs to respond to new scientific knowledge, to learning from nurses and international partners and is continually seeking to address challenges in implementation. The system developed by the Prevention Research Center for Family and Child Health (PRC), led by David Olds and exemplified in DANCE and other innovations, meets high standards of intellectual endeavour, scientific rigour and collaboration (see Annex B).
- 3) When testing NFP new societies adapt the programme to their own context (cultural, linguistic, system etc.). This has resulted in a continuum of adaptations from minor cultural variances, such as using in-country standards and making cultural changes to facilitators; through to intentional changes to the core model elements and program outcomes that are agreed with David Olds. Examples of the latter include Family Partnership Workers and OCHRE³ in Australia, offering NFP to multiparous women in indigenous communities in the US and Australia, psychology consultation for FNP teams in the UK, and home video interaction in the Netherlands. There is also a rich variety of developments aimed at improving the quality of the implementation

¹ The name of the program can vary e.g. in the UK it is called Family Nurse Partnership and in the Netherlands - Voorzorg

² The term 'innovation' is used to describe a significant adaptation or addition to NFP that addresses an international challenge and that either changes the model itself in some way, or influences the effectiveness of the program

³ Interactive Ochre is a learning resource designed to build knowledge and practical application of concepts and principles of cultural awareness, particularly in contexts where they are working with Aboriginal and Torres Strait Islander people

system, such as child health training in Northern Ireland, the FNP Lead Nurse role in Scotland, client involvement (in the appointment of nurses and on FNP Advisory Boards) in England, and the supervisor community of practice in BC.

- 4) This guidance covers those international challenges that require changes to the program model or its implementation system. To date this process had been focused on the US and been led by PRC. Examples include innovations such as Intimate Partner Violence (IPV) intervention, DANCE and STAR. We expect that international partners will increase their innovation role as they build their research and development capacity.

The goals of international collaboration on program innovation

Our aims are:

- To involve all NFP societies in program innovation whilst respecting that David Olds will make the final decision on changes to the model
- To maintain high standards of scientific rigour when developing, testing and implementing program innovations internationally
- To take a 'bottom up' and collaborative approach to identifying and addressing common international program challenges
- To protect the program model elements whilst having a clear process for deciding when it is reasonable to alter these
- To build research and development capacity and collaboration in the NFP international community
- To ensure program innovations are feasible, sustainable, and acceptable to other societies,
- To share learning across countries for the benefit of all

Achieving these goals:

We propose the following steps to improve international collaboration on NFP innovations:

- a) To explore extending the role of the Clinical Advisory Group to become the main forum for collaboration on innovations i.e. as the place to raise and prioritise implementation challenges and decide how they should be addressed, to agree process for implementing existing innovations and to share learning from in-country innovations
- b) The international website to provide a communication tool for sharing implementation challenges, and experiences of innovations
- c) To update the license, stages of replication and core model elements to reflect the need for program innovation
- d) To explore establishing a research and development group to collaborate on in-country projects and support the testing and evaluation of program innovations
- e) To seek investment to build capacity for international innovation and implementation research
- f) To give NFP societies pathways for identifying and raising implementation challenges and implementing innovations

Pathways / flowcharts for international collaboration on innovation

These flow charts are based on several assumptions:

- a) Nursing is different in each society; therefore, each country will need to make its own decisions about implementing innovations
- b) Minor adaptations that do not affect the core model elements or the outcomes of the program are excluded from this process. These will be shared through international communication systems
- c) Each society will have a designated consultant in the NFP International Team with whom to discuss adaptations with the annual review process providing the opportunity to explore program challenges
- d) Each society has a senior clinical leader who is a member of the Clinical Advisory Group
- e) Any significant changes to the NFP program, core model elements, or the NFP implementing system will require a rigorous system of development, testing and implementation to maintain the high quality of evidence to which NFP is committed, and will need to be signed off by David Olds
- f) Augmentations that are derived from FNP but do not affect the core program model, e.g. group FNP in England, are excluded from this process
- g) International contributions will vary according to scale and phase of replication as well as resources
- h) At the moment, the PRC is leading the development of program innovations, several of which are entering the implementation phase e.g. DANCE, STAR, IPV.
- i) That these pathways will need reviewing in the light of experience and developing capacity within the international community

Chart 1: Process for identifying international NFP program challenges

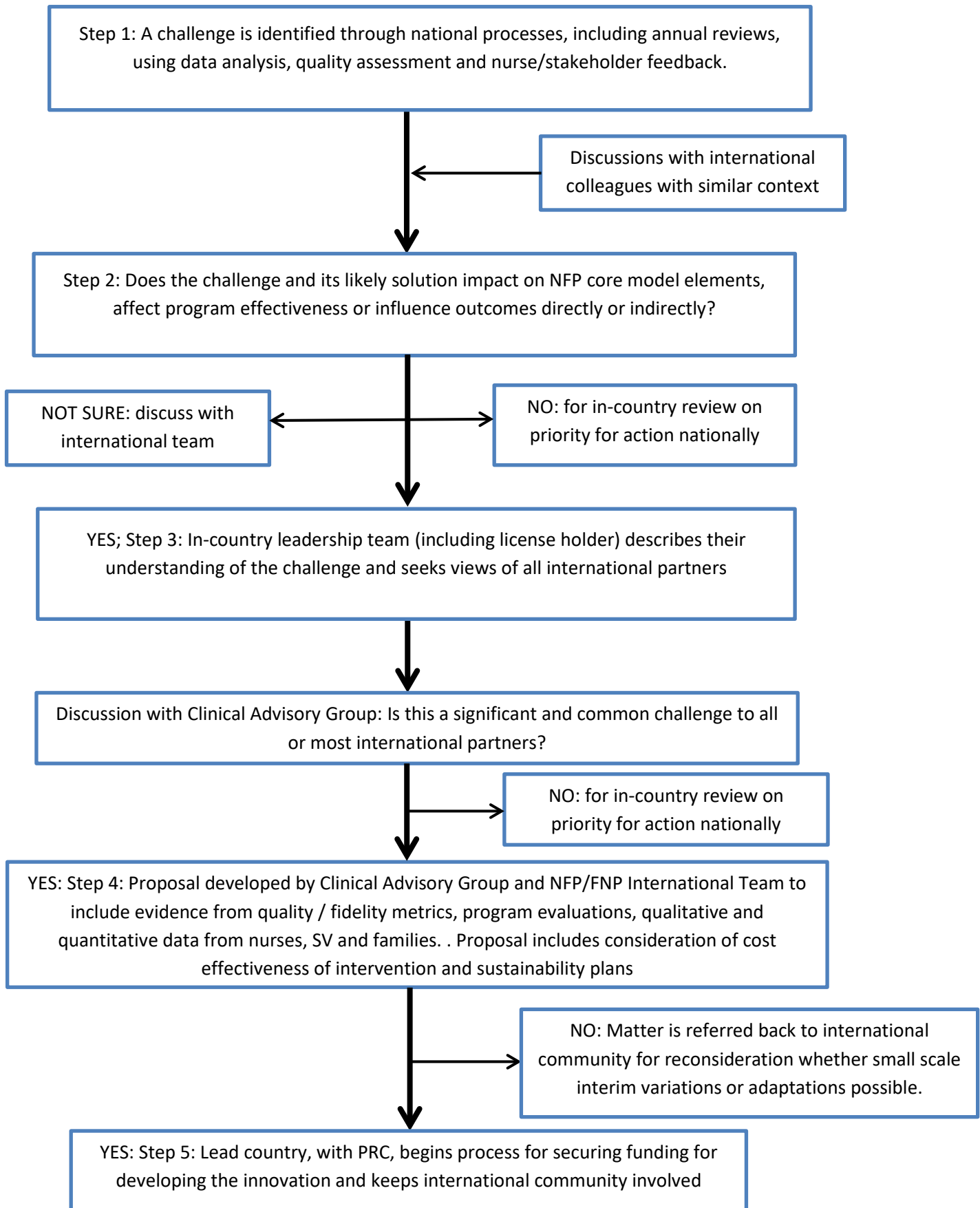


Chart 2: International implementation of a PRC-led NFP innovation

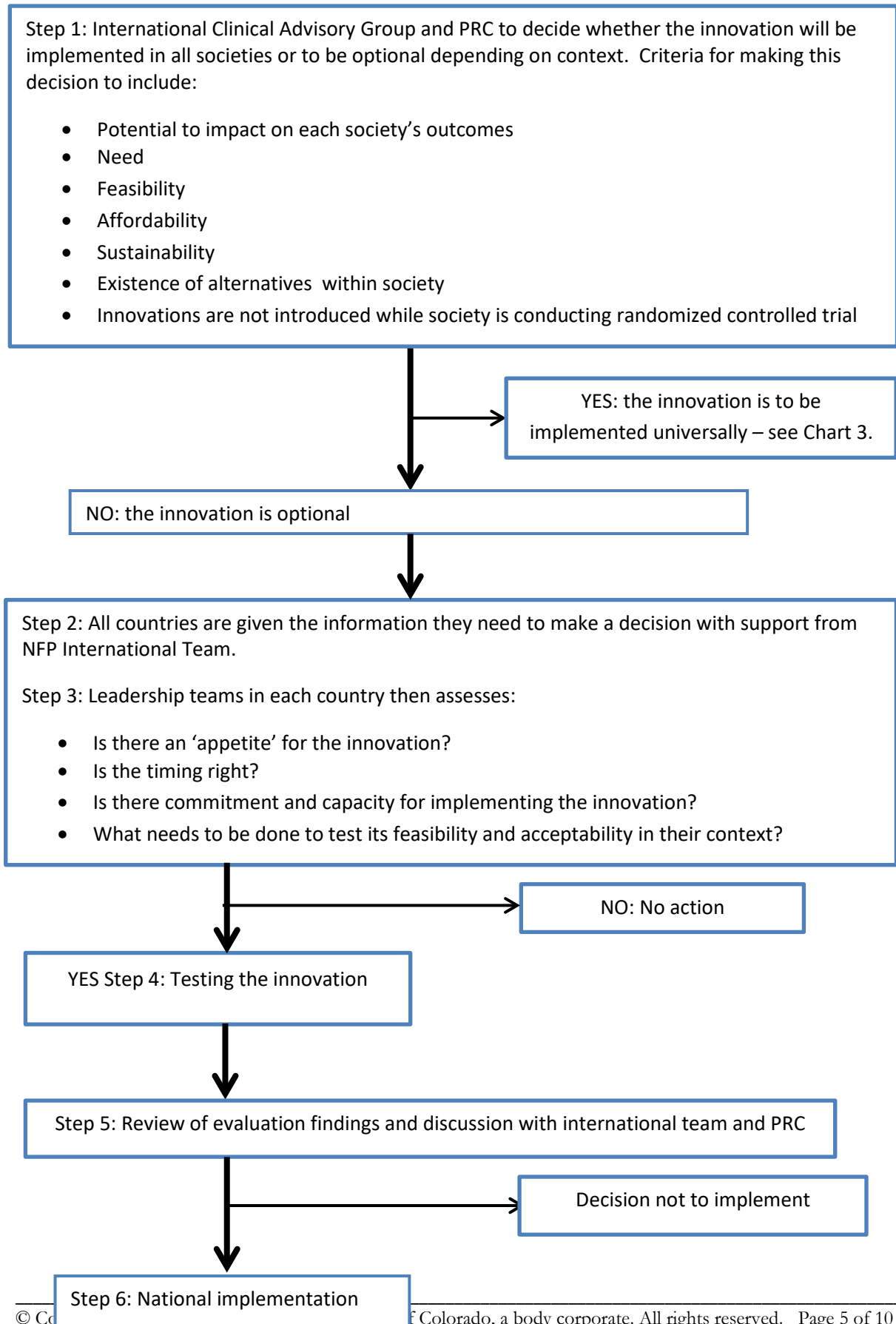
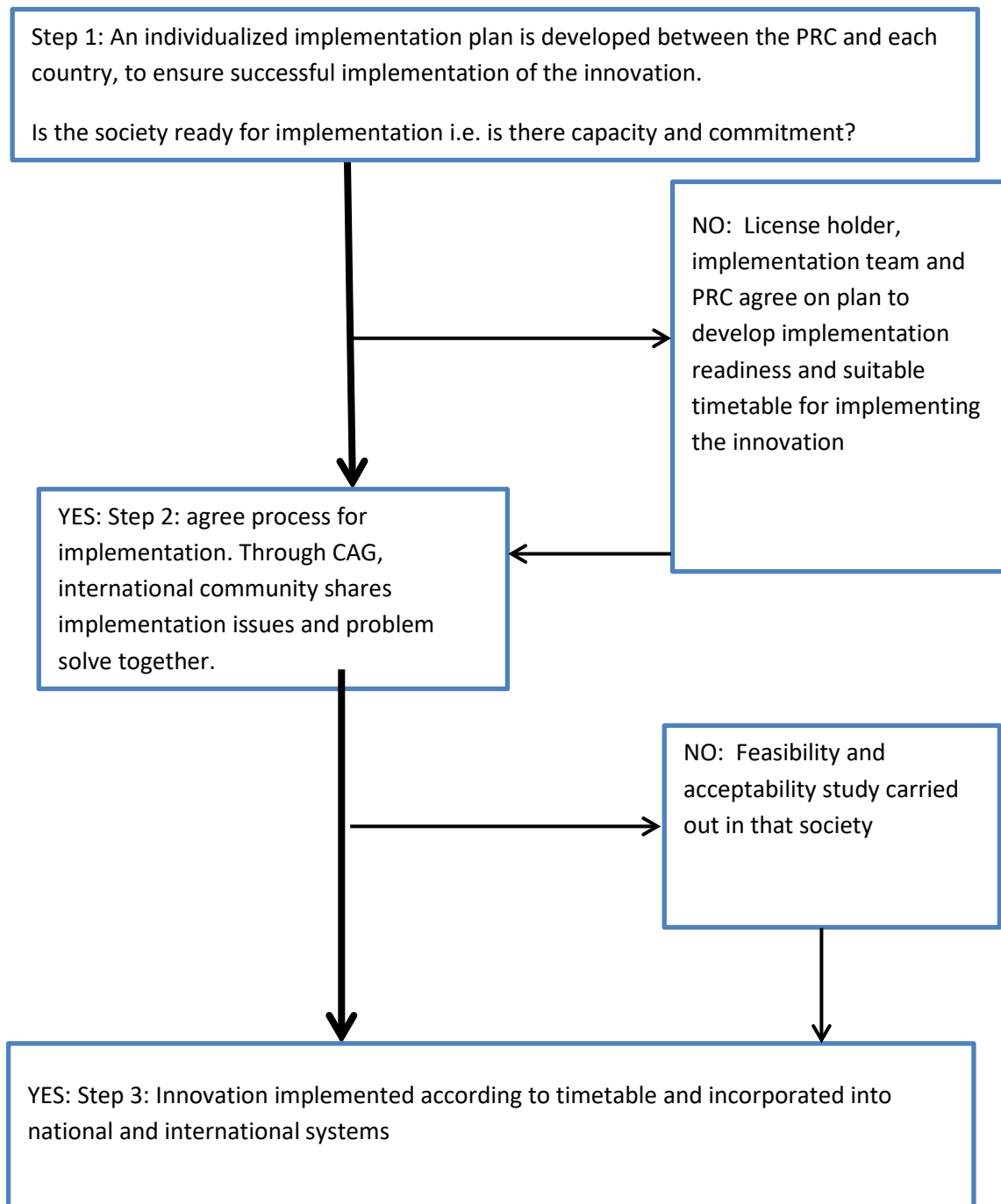


Chart 3: Universal implementation of an NFP innovation



ANNEX A: Recommendations from the Nurse-Education Project meeting

For identifying common challenges and agreeing international priorities for innovation

- Engage partners from the beginning and see implementing innovations as part of the licensing responsibility
- Have a shared commitment to improving NFP
- Develop a shared framework for identifying common challenges
- Respect each country's context (legal, cultural)
- Have someone in a liaison role between PRC and society
- Ensure effective communication to keep societies engaged in international innovations
- Build research and clinical capacity in each society's implementation team
- PRC to provide support with identifying challenges
- Think about cost implications – help with research proposals

For developing and sharing in-country program innovations i.e. those developed in response to a specific challenge in one society

- Establish a process in each country for assessing identified need/challenge:
 - Standard set of questions
 - Consultation for the field
 - Review of data
- Consult with other international sites to determine if shared need and/or if someone else has already had experience in this area:
 - Informal conversation
 - Forum through international website
 - Discussion through Clinical Advisory Group/International Leads Teleconference
- Confirm need and priority:
 - Determine desire for shared approach to developing innovation amongst societies
 - Determine if need/priority for PRC to develop
 - Identify process to develop and evaluate innovation
- Develop centralized data set to determine need at international level
- Develop process for sharing development of in-country innovations
 - Annual international NFP meeting
 - Regular space on Clinical Advisory Group/International Leads Teleconference agenda
 - Publication of process/evaluation
 - Sharing of resource

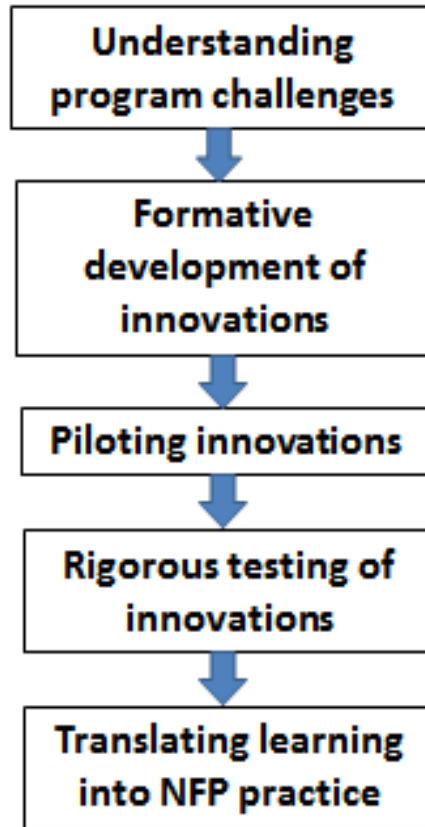
For implementing existing PRC-led innovations outside the society in which they were developed and tested:

- Create energy and motivation for the innovation prior to implementation
- Have the capacity to support the implementation of the innovation
- Have confidence in the quality of the innovation and the benefits it brings
- Assess whether the timing is right and that the society or site is ready for the innovation
- Understand the innovation and the need or challenge that it addresses, the evidence, the literature, relevance to each society
- Develop criteria for assessing whether it is optional or not

- Undertake a feasibility and acceptability study when testing the innovation in a new society – impact at every level
- Consider need different process for each innovation
- Take time and implement slowly
- Decide on a model of collaboration when planning each innovation
- Know what the resource implications (education required, staff time, fees, certification etc.) are from the beginning
- Ensure good planning
- Educators involved in the innovation and committed to adapting the education program
- Continual process of collaboration, adaptation, exploration
- Develop in-country champion for each PRC-led innovation

ANNEX B: PRC methodology for program innovations

Steps in developing innovations in the NFP model



Sources of information, types of research and targets for improving NFP

